PTO/SB/50 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

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REISSUE PATENT APPLICATION TRANSMITTAL

Ţ	Signature		May 2	waly				te	09/16/2003				
	NAME (Print/	Туре)	ISRAEL GOPSTEIN			Registration No. (Att	orney/Ag	ent)	27,333				
Co	untry			Telej	phone	(202) 835-111	1						
Cit	ty	Washin			State	D. C.		Fax	(202) 835-1755				
AC	ldress		Street, N.W. Suite 60	0			Zip Code 200						
<u> </u>			Gopstein, Esq. Brody										
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1	Compute Specification S		ble Form (CRF)										
9.	(if applicable, all	of the fol	Acid Sequence Submission lowing are necessary)			THE ABOVE DOCUMENTS WERE FILED							
8.	or large ta	ble	in duplicate, Computer Progr	ram (Ap	ppendix)				ATION IS A CONTINUATION 423 WHERE VARIOUS OF				
	PTO/SB/	96)) Statement						Postcard (MPEP 503) fically itemized)				
			all Assignees (PTO/SB/53)			15. Preliminary Amendment							
	(If Yes, check ap	plicable	box(es))				applic	able)					
7.	Original U.S. Pat	ent curre	ntly assigned? Yes		No	English Translation of Reissue Oath/							
6.	(37 C.F.R. Power of A	-	(PTO/SB/51 or 52)			13 Int	• • • • • • • • • • • • • • • • • • • •	on Disc	osure Copies of IDS				
5.	Reissue Oa	ath/Decla	ration (original or copy)	·		1 '4' [•	•	Claim (35 U.S.C. 119)				
4	`		appropnate) ed amendments, if appropria	te)			Statem	ent of L	oss (PTO/SB/55)				
3.			aims in double column copy	of pate	nt		•		inal Patent Grant				
2.	== '	-	duplicate for fee processing) all entity status. See 37 CFR	R 1.27.					e 37 CFR 1.173 (c). ent for surrender				
	Fee Trans	mittal Fo	rm (PTO/ SB/ 56)			Statement of status and support for							
 			EMENTS (37 CFR 1.1	73)		ACCOMPANYING APPLICATION PARTS							
Al	PPLICATION I (Check applied] Ut	ility Paten	nt Design Patent Plant Patent							
						Express Mail Label No.							
			DC 20231			Original Pater (Month/Da	08/10/1999						
	Assista Box Re		mmissioner for Paten	ts		Original Pater		Yutaka MACHIDA = 5,937,095					
	Address to:												
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PTO/SB/17 (08-03)
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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

SUBMITTED BY

Name (Print/Type)

Signature

ISRAEL GOPSTEIN

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Application Number	NEW	S
Filing Date	09/16/2003	U
First Named Inventor	Yutaka MACHIDA	558
Examiner Name	of parent: COUSO, JOSE L	223
Art Unit	of parent: 2621	
Attorney Docket No.	041-1860ARI-3	

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)					
Check Credit card Money Other None	3. ADDITIONAL FEES					
Deposit Account:	Large Entity Small Entity					
Deposit Deposit	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
Account Number	1051	130	2051		Surcharge - late filing fee or oath	, cc r ala
Deposit	1052	50	2052	25	Surcharge - late provisional filing fee or	
Account Name	4050	120	1052	120	cover sheet Non-English specification	
The Director is authorized to: (check all that apply)	1053	130 2,520	1053 1812 2		For filing a request for ex parte reexamination	
Charge fee(s) indicated below Credit any overpayments	1804	920*	1804	-,	Requesting publication of SIR prior to	
Charge any additional fee(s) during the pendency of this application	1004	020			Examiner action	
Charge fee(s) indicated below, except for the filing fee	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
to the above-identified deposit account.	1251	110	2251	55	Extension for reply within first month	
FEE CALCULATION	1252	410	2252	205	Extension for reply within second month	
1. BASIC FILING FEE Large Entity Small Entity	1253	930	2253	465	Extension for reply within third month	
Fee Fee Fee Fee Description Fee Paid	1254	1,450	2254	725	Extension for reply within fourth month	
Code (\$) Code (\$) 1001 750 2001 375 Utility filing fee	1255	1,970	2255	985	Extension for reply within fifth month	
1002 330 2002 165 Design filing fee	1401	320	2401	160	Notice of Appeal	
1003 520 2003 260 Plant filing fee	1402	320	2402	160	Filing a brief in support of an appeal	
1004 750 2004 375 Reissue filing fee 750,00	1403	280	2403	140	Request for oral hearing	
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
SUBTOTAL (1) (\$) 750.00	1452	110	2452	55	Petition to revive - unavoidable	
	1453	1,300	2453	650	Petition to revive - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Fee from	1501	1,300	2501	650	Utility issue fee (or reissue)	
Total Claims 5 -20** = 0 X 0 =	1502	470	2502		Design issue fee	
Independent Co. Co.	1503	630	2503		5 Plant issue fee	
Claims Multiple Dependent	1460	130	1460		Petitions to the Commissioner	
	1807	50	1807		Processing fee under 37 CFR 1.17(q)	\vdash
Large Entity Small Entity Fee Fee Fee Fee Fee Description	1806	180	1806		Submission of Information Disclosure Stmt	
Code (\$) Code (\$)	8021	40	802	1 40	Recording each patent assignment per property (times number of properties)	
1202 18 2202 9 Claims in excess of 20	1809	750	2809	375	Filing a submission after final rejection	
1201 84 2201 42 Independent claims in excess of 3 1203 280 2203 140 Multiple dependent claim, if not paid	1010	750	2810	3 275	(37 CFR 1.129(a)) For each additional invention to be	
1203 280 2203 140 Multiple dependent claim, if not paid 1204 84 2204 42 ** Reissue independent claims	1810	750	2010	. 3/S	examined (37 CFR 1.129(b))	<u> </u>
over original patent	1801	750	2801	375	Request for Continued Examination (RCE)	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802	900	Request for expedited examination of a design application	
SUBTOTAL (2) (\$) 0	Other	fee (sp	ecify) _			
**or number previously paid, if greater; For Reissues, see above	*Red	uced by	/ Basic	Filing F	ree Paid SUBTOTAL (3) (\$) 0	
SUBMITTED BY					(Complete (if applicable))	

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Registration No.

27,333

Telephone 202-835-1111

09/16/2003

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UTILITY PATENT APPLICATION **TRANSMITTAL**

041-1860ARI-3 Attorney Docket No. Yutaka MACHIDA First Inventor METHOD FOR ENCODING AND Title DECODING MOVING PICTURE SIGNALS

(Only for new I	nonprovisional applications under 37 CFR 1.53(b)))	Express Ma	ail Label No.				
	PPLICATION ELEMENTS ter 600 concerning utility patent application conten	nts.	ADDRES	SS TO:	Mail Stop Pa Commission P.O. Box 145 Alexandria	ner for Pate 50	nts	
(Submit an Applicant of See 37 CF Specification (preferred a Descriptive - Cross Reference or a compensation - Brief Sum - Brief Sum - Brief Descriptive - Claim(s) - Abstract of	on [Total Pages 7] Irrangement set forth below) e title of the invention reverence to Related Applications at Regarding Fed sponsored R & D reto sequence listing, a table, uter program listing appendix and of the Invention reprintion of the Drawings (if filed) Description of the Disclosure]	B. Nuclea (if applia. b.	Specificati i. CD-l ii. Pape Statemen CCOMPAN Assignment P	am (Appendino Acid Sessary) Readable Food Sequence ROM or CDeer ts verifying in the property of the property o	dix) equence s form (CRF ce Listing -R (2 copi identity of PLICAT er sheet &	Submon: on: es); abov	or ve copies I PARTS ument(s))
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(for co	rom a prior application (37 CFR 1.63(d)) ntinuation/divisional with Box 18 completed))	13. V 14. V	Statement (ID Preliminary Al Return Receip (Should be sp	mendment of Postcard (pecifically ite	(MPEP 50 emized)	03)	itations
Sigr nan 1.63	LETION OF INVENTOR(S) ned statement attached deleting inventor(s) ne in the prior application, see 37 CFR a(d)(2) and 1.33(b). sion Data Sheet. See 37 CFR 1.76		15. 1	Certified Copy (if foreign prio Nonpublicatio (b)(2)(B)(i). Al or its equivale Other:	rity is claime n Request u pplicant mus ent.	e <i>d</i>) under 35 l st attach f	J.S.C	C. 122 PTO/SB/35
specification follow	ING APPLICATION, check appropriate box, ving the title, or in an Application Data Sheet	t under 37 •	7 CFR 1.76:		n below and			
5h is considered a		OSE L sure of the	or divisional	Art Unation, from which	it: 2621 ch an oath or d is hereby i	r declaration	on is	supplied under Box
	19. CORR							
Customer	Number:			OR [Corres	pondence	add	iress below
Name IS	RAEL GOPSTEIN							
Address CL	ARK & BRODY							
1/	50 K Street, N.W., Suite 600	1	State			Zip Co	ode	Τ
	ASHINGTON		State D.C	<u> </u>				20006
Country U.	S. A.	16		202) 835-1111		Fax	`	(202) 835-1755
Name (Print/Type)	ISRAEL GOPSTEIN		Registration	on No. (Attorne	y/Agent) 2	27,333		
Signature	Martin					Date	09/1	6/2003

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Onfided nativity is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Claims as Filed - Part 1 Claims Number Filed in Reissue Patent Application Claims (37 CFR 1.16(j)) Independent claims (37 CFR 1.16(i)) CC) 6 CC) 7		er (Option		Dock	·				RANSM					Under the Paperwo
Claims Remaining After Amendment Claims (37 CFR 1.16(i)) Claims (37 CFR 1.16(ii)) Claims (37 CFR				•										
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Claims (37 CFR 1.16(0)) **********************************	0	18 =	x \$			=	x \$ _	* = 0	20	**	MINUS		5	(37 CFR 1.16(j))
* If the entry in (D) is less than the entry in (C), Write "0" in column 3. ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. **** After any cancellation of claims. ***** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20). ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account Number in the amount of A duplicate copy of this sheet is enclosed. The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number A duplicate copy of this sheet is enclosed.	0	84_=	x\$_{			=	x \$ _	= 0	6	****	MINUS		3	Claims (37 CFR **
*** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. **** After any cancellation of claims. **** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20). ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account Number in the amount of A duplicate copy of this sheet is enclosed. The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number A duplicate copy of this sheet is enclosed.	\$ 0.00	R	ional Fee			itional I	Total Add							
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Date Signature of Applicant, Attorney or Agent of	Record	Agent of	torney or	ant, At	Applio	ature of	Sign							
27,333 ISRAEL GOPSTEIN		١	OPSTEIN	AEL G	ISR	/							333	27
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